

LA DHH DENIAL SUMMARY  
ADJUDICATION DATE: DECEMBER 2013

Run Date of 01/09/14

(This summary represents those denial codes mapped to the State of Louisiana's designated 5 Denial Codes.)

DHH DENIAL CODE	COSMOS DENIAL CDE	COSMOS_REASON_CODE_DESCRIPTION	COUNT
06	1142	PLS SUBMIT W/VALID MOLINA CARRIER CODE	5587
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	4298
06	052	BEFORE MEMBER EFF. DATE	4227
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEY ARE NOT COVERED.	3890
06	6020	MISSING MED RECORD FOR THIS SERVICE	2069
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1925
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	678
06	041	CLAIM BEFORE MEMB EFF DATE	544
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	532
06	991	NPI MISSING OR INVALID	484
06	2024	AMBULANCE DENIAL	369
06	2026	INVALID MOLINA BILL TYPE	252
06	333	DIAG OR CPT CODE MISSING OR INVALID	228
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	178
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	164
06	2027	DME CHARGES. SUBMIT TO MOLINA DIRECTLY.	144
02	087	REQUIRES NOTIFICATION	140
06	082	EOB REC'D LACKS CORRECT INFO	105
06	1038	RESUBMIT W/CORRECT NDC# UNITS, QUANITY	92
06	2014	CLAIM/EOB SUBMITTED IS NOT LEGIBLE.	77
04	289	CLAIM FILED AFTER TIME LIMIT	60
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	48
05	068	NOT COVERED SERVICE	38
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	31
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	11
06	092	INCORRECT MODIFIER	10
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	8
02	502	REQUIRES NOTIFICATION	3
02	026	REQUIRES NOTIFICATION	2

